



# D&D Sports Med Volunteer/Observation Application

D&D SPORTS MED  
DENTON • SANGER • AUBREY

Last Name:	First Name:
Address:	City/State/Zip:
Phone #:	Alternate #:

Reason for observation:

Class      Class name: \_\_\_\_\_  
    Instructor: \_\_\_\_\_  
    Institution: \_\_\_\_\_  
 OT/PT school requirement  
 Other Explain: \_\_\_\_\_

Hours Required: \_\_\_\_\_

### Education:

Institution (HS/College/University)	From: (Month/Year)	To: (Month/Year)	Field of Study	GPA

Have you ever been convicted of any offence, other than a minor traffic violation?

Yes       No

If yes, please explain: \_\_\_\_\_

### References: Please provide three character references not related to or living with you.

Name	Phone Number	How to you know this person

### Emergency contact information:

Name:	Relationship:
Phone #:	Alternate #:

I have read, and agree to follow, the D&D Sports Med Volunteer/Observation Guidelines. Initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_